

**NC DHHS
DMH/DD/SAS**

Reviewer:

	Description	Conditional Endorsement					Full Endorsement				
		Evidence of Compliance	MET	NOT MET	N/A		Evidence of Compliance	MET	NOT MET	N/A	Comments
1	Respite Care- Institutional Provider Requirements:										
a	**1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provider services.	Provider application with all required supporting documentation as required in;					Provider application with all required supporting documentation as required in;				
b	2) Provider organization must demonstrate they meet these standards by being endorsed by the LME.	provider application; program description Policy and					provider application; program description Policy and				
c	The Organization must be established as a legally recognized entity in NC.	Procedure Manual					Procedure Manual				
d	Certified by DFS as an ICF-MR in accordance with federal conditions of participation	Copy of certification					Copy of certification				
2	Staffing Requirements										
	Worker must meet the following requirements:										

a	Must meet requirements for paraprofessional in 10A NCAC27G.0100-0200.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
b	Client specific competencies to be met as identified by the individuals person-centered team and documented in the plan of care.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification. Copy of approved Plan of Care.				
c	A criminal record check.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
d	A healthcare registry check in accordance with 10A NCAC 27G.0200.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				

e	Driving record must be checked if providing transportation.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
	State MR centers have deemed status for all training and documentation requirements.	Copy of certification					Copy of certification				
3	Service Type/Setting										
a	Respite care is a service that provides periodic relief for the family or primary caregiver.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
b	State Regional MR facility.	Copy of certification					Copy of certification				
4	Program Clinical/Requirements										
a	In order to be considered the primary care giver, a person must be principally responsible for the care and supervision of the individual, and must maintain their primary residence at the same address as the covered individual.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
b	This type of respite must be provided in a Medicaid ICF-MR bed in a State Regional Mental Retardation Facility.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				

5	Service Limitations:										
a	Other CAP-MR/DD services may not be billed on the day of admission to the institutional respite Facility but may be billed on the day of discharge.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
b	Respite does not include medical transportation and may not be provided during medical transportation and medical appointments;	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
c	Individuals who live in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster care homes or unlicensed alternative family homes serving one adult may not receive this service.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				
d	Limitations: Respite should not be provided to an individual when the individual is home for the purpose of a family visit.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification.				

6	Documentation Requirements										
a	Institutional respite shall follow the State Developmental Centers documentation requirements.	State MR centers have deemed status for all training and documentation requirements; copy of certification.					State MR centers have deemed status for all training and documentation requirements; copy of certification. Copy of approved Plan of Care.				